

FILED

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RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

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X WHA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

CV 08

3848

CASE NO. _____

**PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS**

(PR)

11 GUADALUPE RAMIREZ Plaintiff)
12 vs.)
13 HABEAS CORPUS. Defendant)
14 _____)
15

I, GUADALUPE RAMIREZ, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

26 Gross: _____ Net: _____

27 Employer: _____

28 _____

If the answer is "no," state the date of last employment and the amount of the gross and net salary and wages per month which you received. (If you are imprisoned, specify the last place of employment prior to imprisonment.)

PETITIONER HAS NO EMPLOYMENT HISTORY.

7 2. Have you received, within the past twelve (12) months, any money from any of the
8 following sources:

13 c. Rent payments? Yes No
14 d. Pensions, annuities, or Yes No

15 life insurance payments?

16 e. Federal or State welfare payments, Yes No

17 Social Security or other govern-
18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
20 received from each.

21 _____

22

23 || 3. Are you married? Yes ___ No X

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 || Spouse's Monthly Salary, Wages or Income:

27 Gross \$_____ Net \$_____

28 | 4. a. List amount you contribute to your spouse's support: \$ _____

1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).

5 _____
 6 _____

7 5. Do you own or are you buying a home? Yes ___ No

8 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

9 6. Do you own an automobile? Yes ___ No

10 Make _____ Year _____ Model _____

11 Is it financed? Yes ___ No ___ If so, Total due: \$ _____

12 Monthly Payment: \$ _____

13 7. Do you have a bank account? Yes ___ No (Do not include account numbers.)

14 Name(s) and address(es) of bank: _____
 15 _____

16 Present balance(s): \$ 0

17 Do you own any cash? Yes ___ No Amount: \$ _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes ___ No

20 _____

21 8. What are your monthly expenses?

22 Rent: \$ _____ Utilities: _____

23 Food: \$ _____ Clothing: _____

24 Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 NO.

4

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9

10

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

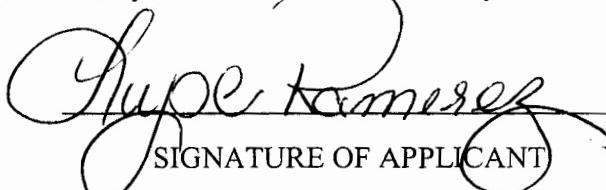
13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15

16 7.28.08

17 DATE

SIGNATURE OF APPLICANT



1 Case Number: _____
2
3
4
5
6

7 **CERTIFICATION OF FUNDS**

8 **IN**

9
10 **PRISONER'S ACCOUNT**

11 I certify that attached hereto is a true and correct copy of the prisoner's trust account
12 statement showing transactions of Guadalupe Ramirez P68785 for the last six months at
13 Pelican Bay State Prison where he is confined.

14
15 I further certify that the average deposits each month to this prisoner's account for the
16 most recent 6-month period were \$0.00 and the average balance in the prisoner's account each
17 month for the most recent 6-month period was \$0.00. (20% = \$0.00)
18
19
20
21
22

23 Dated: 7/17/08

Laurie C. S.

24 Authorized officer of the institution



25 THE WITHIN INSTRUMENT IS A CORRECT
26 COPY OF THE TRUST ACCOUNT MAINTAINED
27 BY THIS OFFICE.
28 ATTEST: 7-17-08
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY J. Kleppin
TRUST OFFICE

CALIFORNIA DEPARTMENT OF CORRECTIONS
 PELICAN BAY STATE PRISON
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 01, 2008 THRU JUL. 17, 2008

ACCOUNT NUMBER : P68785
 ACCOUNT NAME : RAMIREZ, GUADALUPE
 PRIVILEGE GROUP: D

BED/CELL NUMBER: CF09U 000000208L
 ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
 * IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00
-----	-----	-----	-----	-----	-----



THE WITHIN INSTRUMENT IS A CORRECT
 COPY OF THE TRUST ACCOUNT MAINTAINED
 BY THIS OFFICE.
 ATTEST: 7-17-08
 CALIFORNIA DEPARTMENT OF CORRECTIONS
 BY D. Kleppin
 TRUST OFFICE

CURRENT
 AVAILABLE
 BALANCE

 0.00
